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FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8th Floor San Francisco, CA 94111-3834

APPLICATION NO.

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Terrie J. Rau (Depositor's name)

Lewe J. Rau (Signature)

June 30, 2009 (Date)

CONFIRMATION NO.

ATTORNEY DOCKET NO

10/553,853 TITLE OF INVENTION:	10/20/2006 COMPOSITIONS AND	METHODS F		e G.Lum I CELL DELIVERY	021877-000100US	6554
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Yes	\$755		\$300	\$1055	07/08/2009
EXAMINER		ART UNIT		CLASS-SUBCLASS		
BELYAVSKYI, MICHAIL A.		1644		530-387300		
Change of correspondence address or indication of "Fee Addrest CFR 1.363). Change of correspondence address (or Change of Correspondences from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGI Roger Williams Hospit TransTarget, Inc.	NEE'S	elow, no assignee of this form is NO' (E F	data will app T a substitute B) RESIDENG Providence, Burlingame,	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO'Rhode Island California		
			4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430			
a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA		
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